

BoardBrief

Prepared for Colorado Hospital Association Trustees

Image in the Balance

The Governing Board's Role in Media Relations

A hospital's relationship with the media must begin well ahead of any crisis. Governing boards should be keenly aware of their hospital's media strategies – on "normal" days as well as in the midst of crisis – and realize that at any moment they may be called upon to deliver the hospital's message to the media.

Your hospital's image is not just based on people's experiences. It is a compendium of what the public feels, perceives, and "knows" about the hospital. It is often shaped by both local issues and national health care debate, and is very often influenced by what those in your community hear, see and read in the media.

James E. Orlikoff, senior consultant for the American Hospital Association's Center for Healthcare Governance, says hospitals and their governing boards must keep the community in the loop to build stronger hospital/community bonds. One way to do this is through the media. "The community that feels involved will protect the hospital," Orlikoff says. He advises hospitals to build routine communications with the media through personal meetings with reporters, editors and editorial boards. "Educate the media so they see the hospital as a resource, not an adversary."

Working with the media isn't a haphazard exercise. Hospital media relations plans are well-designed, carefully implemented strategies to keep the media informed, both in times of celebration and in times of crisis. The board must have a strong grasp of the organization's communication strategies, including media relations and crisis communications. When members of the media knock on the hospital's door, the board must know what the hospital's media relations plan entails. As you look over your hospital's plan, realize that you may be asked to help with its implementation.

Media Relations and The Board

Build Rapport, Nurture Relationships. The news media can be a great partner in helping get the hospital's message to local and regional communities - and even beyond. Today's

media include the old standbys of newspapers, magazines, radio and TV, but also newer links through news (and your own institution's) websites and social media. Public relations consultant Aileen Katcher says, "If you've already established a positive relationship with key reporters and editors and a crisis hits, it is going to be easier to communicate."

Your hospital's media relations plan may include several ways for reporters to become familiar with the hospital: tours, backgrounder luncheons or issue-based press meetings. These events can help the media become comfortable with hospital facilities and with complicated issues facing the local institution. Members of the board should attend these media events, getting to know local reporters and learning more about their topics of interest.

A familiarity with local reporters will help when board members are called upon to be hospital spokespersons. As a link between the community and the hospital, a board member's word carries great weight and is seen as highly trustworthy. Rick Wade, senior vice president for strategic communications for the American Hospital Association, says, "Board members should speak when public confidence and trust in hospitals is on the line. People don't want to think about [their local] hospital, but when public trust is shaken, they want to know that someone is working to fix the problem – their concern is 'Tell me everything is going to okay.' There is a powerful sense of reassurance if the board speaks out."

Speaking to the Media - Officially and Unofficially. The hospital's media relations plan should spell out who on the board or in management will serve as spokesperson in any given situation. In some instances, the CEO or a physician may take the lead in talking with the media; in other instances, the

Three Categories of Crisis

Hospital and health care crises fall into three broad categories:

- 1 **"Natural" disasters** such as earthquakes, floods and fires.
- 2 **"Normal" problems** such as:
 - Personnel emergencies (unexpected strikes, exodus of key people, no-confidence votes).
 - Quality incidents (accidents, surgical mishaps, suspicious deaths).
 - Economic dilemmas (financial irregularities or losses.)
- 3 **"Abnormal" problems** such as:
 - Criminal acts (kidnapping, hostage situations, terrorism)
 - Information sabotage (theft of proprietary information, tampering with records)

Source: Steve Rivkin and Fraser Seitel, partners in Rivkin & Associates Inc., a communications and management consulting firm that specializes in serving healthcare institutions. www.hospitalcrisis.net.

chairman or members of the board may be called upon. In any case, the hospital's board and administrators should speak from common key messages developed as cornerstones of the hospital's media relations plan, and should keep in constant contact with the hospital's communication officers in order to coordinate responses, assuring that a consistent message is relayed.

A board member should not serve as an "official" hospital spokesperson unless so designated by the communications team. However, at times, board members may be approached by the media to speak in unofficial capacities for the hospital. In these instances board members should politely discern the information requested by the reporter, assure the reporter that he/she will be called back, and then check with the hospital's communications officer or CEO to "check signals" about the

media request. Again, this assures consistency of message, and keeps the hospital administrative staff informed as to media inquiries. Trustees should make sure they know the message the hospital wants to convey.

Dealing with Reporters. Attention from the media can help hospitals when they seek support for a cause. CEOs and members of the governing board may occasionally balk at the time it takes to educate reporters on health care issues, but your coverage will be more accurate and possibly more positive if you invest in this time.

Remember: members of the media are most often neutral. Their job is to gather and report the news, hopefully without bias, in an equitable fashion. The hospital spokesperson's job is to give them the facts, state the hospital's viewpoint, and repeat key messages. As a member of the governing board, you must realize that what you say can and will be printed or broadcast, and the manner in which you say things - your tone of voice, facial expressions, word choices and eye contact - are all taken into account and help to form the public's opinion of the hospital.

Small communities present unusually good opportunities for close relationships with reporters. Local newspapers often ask the hospital's communication team to supply a weekly column on health care issues. On occasion, the board chairman or a member of the board may work with the communications team in supplying this column. Local radio stations also present strong opportunities for presenting health care messages on behalf of the hospital. Again, as a board member, you may be asked to supply expertise for radio spots on varying issues, or simply to support and promote the spots within your own family and business circles. Consistency of message is vital.

Understanding and Adhering to the Communications Plan

The board should be fully aware of the hospital's media relations and crisis communications plans, both to become familiar with and recognize elements that will help if members become involved with the media. Board members will need to familiarize themselves with these concepts:

- **Key message.** The hospital's key message, short and to the point, should be known by every person working within and related to the hospital, including the governing board. The message should embody the institution's strengths, priorities and role in the community, painting a picture of the hospital's principles for those who hear or read it.
- **Message consistency.** Your hospital's key message must be at the core of everything a board member does and says, when discussing the institution. It should be the same message from every board member, staff member, employee and physician.
- **Communication skills.** Media training should be considered for every board and senior staff member, with refresher courses every year or two. Learning to use real-life examples and analogies will enhance communication with the media. Media training also helps potential spokespersons become familiar with reporter tactics, and will prepare spokespersons to deliver the hospital's messages even if a reporter becomes combative.
- **Education of key groups.** Education of both internal and external audiences must be ongoing, with the expectation that all groups will be able to carry the hospital's message(s) to their various family, civic and cultural groups. Members of the board may want to sit in on briefings, or suggest ways to extend key group education.

Six Key "Rules" To Remember When Communicating in a Crisis

When communicating in a crisis, board and staff members involved in a spokesperson role must remember the following:

- 1 Let any bad news come from the hospital, first.** It is the hospital's only chance to keep its integrity in place. It is better that the hospital shape its own message, rather than letting others do it.
- 2 Be available in a crisis.** Speak simply, often, and calmly. Make certain everyone in a leadership role knows what can and what cannot be released, and why.
- 3 Stick to the key messages.** Offer details only when verifiable and as needed.
- 4 Show compassion in a tragedy.** Make your hospital's and your personal concern for any affected patients' well being known.
- 5 Be seen and heard early to avoid or diffuse speculation.**
- 6 Say, "I don't know," if you don't.** Refer questions to the person who would know. Trustees should usually defer to the administrative team.

When dealing with reporters, whether your message is positive or negative, be quick and to the point, be honest, and do all you can to make the media's job easier. Remember that you only have limited time or space to convey your key messages.

Tips When Being Interviewed. In preparing for an interview, designated board members should become thoroughly familiar with the facts of the situation, work with the hospital's communications team to anticipate questions the reporter is likely to ask and prepare answers for those questions, keeping in mind the target audience.

When beginning the interview, calmly and carefully communicate the hospital's key messages. Above all be open, direct and truthful.

Public relations consultant Wiley Brooks says, "Like it or not, people today are far more likely to jump to conclusions based largely on how an issue is presented to them on television." Sticking to your message and getting your point across quickly are vital in the broadcast media. To do this, Brooks says, "Advocate, don't educate. Start with your key message presented in positive terms, provide supporting evidence, then interpret it from the perspective of the viewer or listener." He also urges the use of simple, straightforward language with absolutely no jargon.

When being interviewed, keep your eyes on your interviewer. When your eyes wander, on television you may appear to be lying or dishonest, and to the reporter you may raise doubts

about your credibility. Experts also remind that there is no such thing as "off the record," and that interviewees should avoid the words "No comment" at all costs.

Communicating in a Crisis

Whether it's a natural disaster or a disaster created by humans, dealing with a crisis means dealing with the unexpected, and crisis communication demands a separate, thorough plan of its own. John Hough, a crisis management specialist, says, "Any negative situation that generates a significant amount of interest among your community, customers, employees, and/or the news media constitutes a crisis." A governing board must be particularly aware of crisis communications logistics, and should be willing to offer assistance as needed.

Your hospital's crisis communications plan should include possible crisis scenarios and ask these questions:

- What immediate tasks must be done, if this crisis occurs?
- Who are the key audiences needing notification?
- What are potential media questions/answers?

Such a plan must also include contact information for journalists, physicians, staff members and board members, and should include home, office and mobile phone numbers. The plan will include a list of crisis communication team members, and identify who will coordinate responses; procedures for communicating with the most important constituencies - board, staff, employees; and guidelines for who shall be the official spokesman.

The Crisis Plan. A good crisis communications should be able to be put into action within 30-60 minutes, and has as its foundation a commitment to communicating honestly, directly, quickly and accurately. Following the tragedies of 9/11, Dan Millar, senior consultant with the Institute for Crisis Management, outlined important elements of such a plan.

He suggests a "vulnerability analysis" listing categories of possible crises that could affect the hospital, including anticipation of media's likely questions should the event occur. The governing board could be helpful as a part of this planning phase.

Formation of a policy for open, quick, and centralized information flow is also suggested, with crisis information all coming from one communications hub. Millar suggests development of a process for documenting every aspect of the crisis response, useful for evaluation at the crisis' end. This

documentation could prove significant to the governing board when assessing the hospital's reaction to the crisis.

In the Heat of the Crisis. The board will be kept informed throughout the crisis, and members may be called upon to help with some elements of crisis communication. During the crisis' fevered pitch, Millar suggests that documentation of all communication activities and media contacts be ongoing, and that development of key messages surrounding the crisis be completed and distributed immediately. The board will receive these key messages, and may be called upon to communicate them as the crisis unfolds.

Communication inside the hospital walls during a crisis is of great importance. It is appropriate to ask board members and employees to help quell rumors - and to refer questions to the designated spokesman.

The board could be involved with phone calls to business and community leaders and elected officials, explaining the situation. Other external hospital resources, including clergy, fire fighters, police officers, and former trustees should be informed. One way to decide who to tell is to think 'Who would be surprised by hearing this news offhand?'

Media calls will be made by the communications officer and staff, and it is likely that a press conference will follow. The board is not likely to be a part of the press conference, but must know what is said, both by the hospital spokesman and the media, during this exchange.

Understanding the Value of Trust

In a time when trust in America's hospitals is at risk, their governing boards are key partners in keeping the local institution's public image positive. Hospital governing boards, as well as administrators, staff and employees, must never take community trust or support for granted. It is the responsibility of every board member and individual involved with the hospital to carry its positive messages to the public, and occasionally to the media. Whether in time of crisis or of celebration, the rules remain the same: Be open, be honest, speak calmly, and always tell the truth.

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